

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 0 (Specify whether)
In this community: 0 (Specify whether)
years, months or days

3. (a) PRINT FULL NAME: Norene A. Nelson

3. (b) If veteran, name war: No. 3. (c) Social Security No.

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Arthur C. Nelson 6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: Mar. 29 1902 (Month) (Day) (Year)

8. AGE: Years: 39 Months: 4 Days: 13 If less than one day hr. min.

9. Birthplace: Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Fred Wuench
13. Birthplace: Ill. 1 (City, town, or county) (State or foreign country)
14. Maiden name: Mary Hildebrand
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Arthur C. Nelson

(b) Address: 4980 Wise Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-14-41 (Month) (Day) (Year)
St. Pauls Church Yard

(c) Place: burial or cremation: Drehmann-Harral

18. (a) Signature of funeral director: 1905 Union Blvd.

(b) Address: 1905 Union Blvd.

19. AUG 13 1941 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4980 Wise Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 12 year: 1941 hour: 1 minute: 10 A.M.

21. I hereby certify that I attended the deceased from: 1941 to: 1941
that I last saw him alive on: 8-12 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction Volvulus of Ileum Duration: 48 hrs.

Due to: Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Volvulus of Ileum Of operations:

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury:

23. Signature: John J. Hammond (M. D. or other) Address: 638 N. Grand Date signed: 8/12/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Warren A. Carver

Licensed Embalmer No. *3534*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.